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ATTORNEY DOCKET NO. IN - 8541

PATENT

**DECLARATION AND POWER OF ATTORNEY
FOR ORIGINAL PATENT APPLICATION**

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TREATMENT OF NEUROPATHIC PAIN

the specification of which:

is attached hereto.

was filed as United States Patent Application Serial No. [] on [], and was amended on [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

In compliance with this duty there is attached an Information Disclosure Statement. 37 C.F.R. §1.97.

In compliance with this duty, information which may be material is disclosed in the specification of the subject application.

Declaration and Power of Attorney
Page 2
IN - 8541

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed.

<u>Prior Foreign Application Number(s)</u>	<u>Country</u>	<u>Foreign Filing Date</u>	<u>Priority Not Claimed</u>	<u>Certified Copy Attached</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35 United States Code, § 119(e) of any United States provisional application(s) listed below:

Application Number(s) Filing Date

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: David T. Banchik (36,439); Fernando A. Borrego (34,780); Karen M. Dellerman (33,592); James J. Drake (34,584); Mary E. Golota (36,814); Barbara V. Maurer (31,278); Anne G. Sabourin (33,772); Brian W. Stegman (30,977).

Send correspondence to:

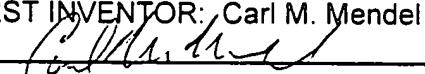
Direct telephone calls to:

Barbara V. Maurer
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Barbara V. Maurer
(973)426-3283

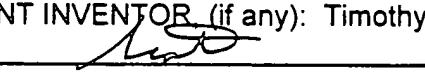
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Declaration and Power of Attorney
Page 3
IN - 8541

FULL NAME OF SOLE OR FIRST INVENTOR: Carl M. Mendel
INVENTOR'S SIGNATURE: 

Date: 3/17/00

RESIDENCE: (City/State/Country): Short Hills, NJ CITIZENSHIP: US
POST OFFICE ADDRESS: 8 Great Hills Terrace
Short Hills, NJ 07078

FULL NAME OF SECOND JOINT INVENTOR (if any): Timothy B. Seaton
INVENTOR'S SIGNATURE: 

Date: 3/17/00

RESIDENCE: (City/State/Country): Far Hills, NJ CITIZENSHIP: US
POST OFFICE ADDRESS: 192 Liberty Corner Road
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FULL NAME OF THIRD JOINT INVENTOR (if any): Steve P. Weinstein
INVENTOR'S SIGNATURE: 

Date: 3/17/00

RESIDENCE: (City/State/Country): Hartsdale, NY CITIZENSHIP: US
POST OFFICE ADDRESS: 22 Dunham Road
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FULL NAME OF FOURTH JOINT INVENTOR, (if any): Edward Chong
INVENTOR'S SIGNATURE: 

Date:

RESIDENCE: (City/State/Country): Nottingham, England CITIZENSHIP:
POST OFFICE ADDRESS: R3 Pennyfoot Street
Nottingham, England NG1 1GF

DECLARATION AND POWER OF ATTORNEY
FOR ORIGINAL PATENT APPLICATION

As a below-named inventor, I hereby declare that:

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TREATMENT OF NEUROPATHIC PAIN OR FIBROMYALGIA

the specification of which:

is attached hereto.

was filed as United States Patent Application Serial No. 09/536,798 on 17 March 2001, and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

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<u>Prior Foreign Application Number(s)</u>	<u>Country</u>	<u>Foreign Filing Date</u>	<u>Priority Not Claimed</u>	<u>Certified Copy Attached</u>
[]	[]	[]	<input type="checkbox"/>	<input type="checkbox"/> Yes

I hereby claim the benefit under Title 35 United States Code, § 119(e) of any United States provisional application(s) listed below:

Application Number(s) 160 125, 113 Filing Date 17 March 1999

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: David T. Banchik (36,439); Fernando A. Borrego (34,780); Karen M. Dellerman (33,592); James J. Drake (34,584); Mary E. Golota (36,814); Barbara V. Maurer (31,278); Anne G. Sabourin (33,772); Brian W. Stegman (30,977).

Send correspondence to:

Direct telephone calls to:

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Barbara V. Maurer
(973)426-3283

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Declaration and Power of Attorney

Page 3

IN - 8541

FULL NAME OF SOLE OR FIRST INVENTOR: Carl M. Mendel

INVENTOR'S SIGNATURE: _____

Date: _____

RESIDENCE: (City/State/Country): Short Hills, NJ CITIZENSHIP: US

POST OFFICE ADDRESS: 8 Great Hills Terrace

Short Hills, NJ 07078

FULL NAME OF SECOND JOINT INVENTOR, (if any): Timothy B. Seaton

INVENTOR'S SIGNATURE: _____

Date: _____

RESIDENCE: (City/State/Country): Far Hills, NJ CITIZENSHIP: US

POST OFFICE ADDRESS: 192 Liberty Corner Road

Far Hills, NJ 07931

FULL NAME OF THIRD JOINT INVENTOR, (if any): Steve P. Weinstein

INVENTOR'S SIGNATURE: _____

Date: _____

RESIDENCE: (City/State/Country): Hartsdale, NY CITIZENSHIP: US

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FULL NAME OF FOURTH JOINT INVENTOR, (if any): Edward Chong

INVENTOR'S SIGNATURE: Edward Chong

Date: 13 April 2002

BRITISH

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Associate Power Of Attorney Or Agent (37 CFR 1.34)
(For Representation Related To A Patent Application)

Docket No.
IN-8541

In Re Application Of:

C.M. Mendel et al.

Serial No. 09/528,798	Filing Date March 17, 2000	Examiner Cook, R.	Group Art Unit 1614
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Invention:

Treatment of Neuropathic Pain or Fibromyalgia

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Please recognize the following as Associate Attorney Associate Agent in this application.

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Signature of Principal Attorney or Agent of Record

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Registration Number & Address of Principal Attorney or Agent of Record

I certify that this document is being deposited on
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Signature of Person Mailing Correspondence

LISA Rasmussen

Typed or Printed Name of Person Mailing Correspondence

Associate Power Of Attorney Or Agent (37 CFR 1.34)
(For Representation Related To A Patent Application)

Docket No.
IN-8541

In Re Application Of:

C.M. Mendel et al.

Serial No.
09/528,798

Filing Date
March 17, 2000

Examiner
Cook, R.

Group Art Unit
1614

Invention:

Treatment of Neuropathic Pain or Fibromyalgia

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Please recognize the following as Associate Attorney Associate Agent in this application.

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Address: Abbott Bioresearch Center
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Signature of Principal Attorney or Agent of Record

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Princeton, NJ 08543-0400

Registration Number & Address of Principal Attorney or Agent of Record

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class mail under 37 C.F.R. 1.8 and is addressed to the
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Signature of Person Mailing Correspondence

Lisa Rasmussen
Typed or Printed Name of Person Mailing Correspondence